

APPLICATION DATA SHEET

Application Information

Application Number::
Filing Date:: May 19, 2004
Application Type:: Utility
Subject Matter::
CD-ROM or CD-R?:: No
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title:: Line One:: Method and Apparatus for Identifying
Title:: Line Two:: Spectral Artifacts
Attorney Docket Number:: MDS-033C1
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure::
Total Drawing Sheets:: 18
Small Entity?:: Yes
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status::
Given Name:: Kevin
Middle Name:: T.
Family Name:: Schomacker
Name Suffix::

City of Residence:: Maynard
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 6 George Street
City of Mailing Address:: Maynard
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01754

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status::
Given Name:: Thomas
Middle Name::
Family Name:: Meese
Name Suffix::
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 1195 Beacon Street, Apt. 2
City of Mailing Address:: Brookline
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02446

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status::
Given Name:: Michael
Middle Name::
Family Name:: Ouradnik
Name Suffix::
City of Residence:: Wayland

State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 35 Jeffrey Road
City of Mailing Address:: Wayland
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01778

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status::
Given Name:: John
Middle Name::
Family Name:: Flanagan
Name Suffix::
City of Residence:: Holbrook
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 735 Plymouth Street
City of Mailing Address:: Holbrook
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02343

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status::
Given Name:: Harry
Middle Name::
Family Name:: Gao
Name Suffix::
City of Residence:: Stoneham
State or Province of Residence:: MA

Country of Residence:: USA
Street of Mailing Address:: 19 Garden Road
City of Mailing Address:: Stoneham
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02180

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	10/243,535	09/13/02
10/243,535	Non Prov. of Prov.	60/394,696	07/09/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

Assignee Information

Assignee Name:: MediSpectra, Inc.
City of Mailing Address:: Lexington
State or Province of Mailing Address:: MA
Country of Mailing Address:: United States